

What's Next?





It's time to enroll in an affordable health plan that's designed for you!



AmeriHealth Caritas Next offers multiple plans to meet any lifestyle and budget — with valuable benefits like:

- ♥ **Unlimited visits to your primary care provider (PCP)**
Quality coverage for doctor visits (no referrals necessary), emergency room care, and other health services.
- ♥ **\$0 copay Virtual Care 24/7 (Telehealth)**
Connects you to virtual care 24 hours a day, seven days a week, for health care you need that is not an emergency, at no cost.
- ♥ **Access to specialists without a referral**
Get care for your individual needs. Just find an in-network specialist and make an appointment. No PCP referrals are necessary.
- ♥ **And more!**
Enjoy a free WW® (formerly Weight Watchers®) membership. Plus, with the Healthy Rewards program, you can get a Visa rewards card just for completing healthy activities.

As a member, you can:

Choose a provider and pharmacy that work for you.  <p>Use the provider directory to find a provider and learn what to do in a medical emergency. Or use the pharmacy directory to get the prescriptions you need — even when you're out of state!</p>	Stay connected through the Member Portal and mobile app.  <p>Use the Member Portal to stay on top of your health. This easy-to-use, secure website lets you access your health records, change your PCP, get benefit details and prescription history, and more. Or get access on the go with our secure mobile app.</p>
 Get help on the phone. <p>Call to ask about your covered benefits, get help finding a provider or specialist, or find out anything else you want to know about your health plan.</p>	 Enjoy additional benefits. <p>Get no-cost additional benefits like diabetes education, pre- and postnatal care, and the maternity program. Plus, bilingual staff can help with scheduling visits.</p>

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For a complete list of benefits, visit www.amerhealthcaritasnext.com/nc or call and speak with an experienced advisor. **1-877-564-3430 (TTY 711)**, Monday to Friday, 9 a.m. to 6 p.m.

To learn more, see page 2.

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AmeriHealth Caritas Next offers individual and family health plans both on and off the Health Insurance Marketplace®. Please go to www.amerhealthcaritasnext.com/nc, where additional information can be found about our privacy practices, covered and noncovered services, provider availability, benefit/service restrictions, utilization and pharmaceutical management procedures, and your rights and responsibilities.

DED = deductible

Mktpl = Marketplace

Plan	BRONZE Essential	BRONZE Signature	BRONZE Premier	SILVER Essential	SILVER Signature	SILVER Premier	SILVER Off-Mktpl High	SILVER Off-Mktpl Low	GOLD Signature	GOLD Premier
Individual deductible	\$10,600	\$7,500	\$3,850	\$6,100	\$6,000	\$400	\$2,750	\$5,500	\$2,000	\$850
Family deductible	\$21,200	\$15,000	\$7,700	\$12,200	\$12,000	\$800	\$5,500	\$11,000	\$4,000	\$1,700
Individual out-of-pocket	\$10,600	\$10,000	\$10,600	\$9,000	\$8,900	\$10,200	\$10,600	\$10,600	\$8,200	\$8,500
Family out-of-pocket	\$21,200	\$20,000	\$21,200	\$18,000	\$17,800	\$20,400	\$21,200	\$21,200	\$16,400	\$17,000
Coinsurance	0%	50%	50%	35%	40%	50%	30%	30%	25%	20%
Primary care*	\$25 before DED (first 4 visits). Then \$0 after DED.	\$50 before DED	\$40 before DED	\$25 before DED	\$40 before DED	\$50 before DED	\$35 before DED	\$40 before DED	\$30 before DED	\$15 before DED
Specialist care*	\$0 after DED	\$100 before DED	\$100 before DED	\$70 before DED	\$80 before DED	\$110 before DED	\$70 before DED	\$80 before DED	\$60 before DED	\$35 before DED
Urgent care	\$75 before DED	\$75 before DED	\$75 before DED	\$45 before DED	\$60 before DED	\$75 before DED	\$45 before DED	\$45 before DED	\$45 before DED	\$45 before DED
Emergency care	\$0 after DED	50% after DED	50% after DED	35% after DED	40% after DED	50% after DED	30% after DED	30% after DED	25% after DED	20% after DED
Inpatient hospital*	\$0 after DED	50% after DED	50% after DED	35% after DED	40% after DED	50% after DED	30% after DED	30% after DED	25% after DED	20% after DED
Generic drugs*	\$25 before DED	\$25 before DED	\$25 before DED	\$25 before DED	\$20 before DED	\$25 before DED	\$15 before DED	\$15 before DED	\$15 before DED	\$15 before DED
Preferred brand drugs*	\$0 after DED	\$50 after DED	\$50 after DED	\$60 before DED	\$40 before DED	\$40 before DED	\$60 before DED	\$60 before DED	\$30 before DED	\$60 before DED
Non-preferred brand drugs*	\$0 after DED	\$100 after DED	\$100 after DED	45% after DED	\$80 after DED	\$80 after DED	45% after DED	45% after DED	\$60 before DED	45% after DED
Specialty drugs*	\$0 after DED	\$500 after DED	50% after DED	50% after DED	\$350 after DED	\$350 after DED	50% after DED	50% after DED	\$250 before DED	50% after DED

For certain plans, cost-shares for services provided by Indian Health Care Providers (IHCP) will be at no charge.

*In-network services and providers only.

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